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continued[®]



Five Fresh Perspectives on Applying LPAA Principles to Treatment for Neurogenic Communication Disorders

Guest Editor: Audrey Holland,
PhD, CCC-SLP, BC-ANCDs

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Tips, Tricks, and Tools to Bring LPAA into Your Language Therapy

Sarah Baar, MA, CCC-SLP

Moderated by:
Amy Hansen, MA, CCC-SLP, Managing Editor, SpeechPathology.com

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Tips, Tricks, and Tools to Bring LPAA into Your Language Therapy

Sarah Baar, MA, CCC-SLP
Honeycomb Speech Therapy

continued[®]

Disclosures

- Owner of Honeycomb Speech Therapy LLC, selling person-centered therapy materials for profit at www.honeycombspeechtherapy.com
- Owner of for-profit private practice
- Receiving honorarium for speaking today

Learning Outcomes

After this course, participants will be able to:

- Describe at least two tools that could be included in an assessment to promote a life participation approach.
- Name five categories that could be considered when developing personally relevant stimuli in language therapy.
- List three components a home program should have to promote improvement and relevance for language therapy.

“Impairment” Language Therapy

- | | |
|--------------------------|-----------------------------|
| -Alphabetizing sentences | -Letter scrambles |
| -Naming opposites | -Word analogies |
| -Scrabble | -Following 3-step commands |
| -Word matrixes | -Rapid naming of animals |
| -Taboo | -Naming iPad pictures |
| -Bananagrams | -Worksheet word fill-ins |
| -Deduction puzzles | -Scrabble |
| -Organizing sentences | -Multiple choice ?s |
| -Crossword puzzles | -Identifying objects |
| -Reading workbooks | -Similarities / differences |
| -Yes / No comparative ?s | |

What do people with aphasia want?

- Everyone wants better communicative function
- Participants spoke about the need for communication rehabilitation to be connected to real life
- Participants often mentioned specific words or names they wanted to say in real life
- Most participants wanted speech therapy that met their needs at different stages of recovery, that was relevant to their life
- Participants wanted positive relationships and interactions with their speech therapists and other health service providers (e.g. it was very ...hard for me and we didn't get on so I said well ..."I'm not going back there because it's useless").

(Worrall et al., 2011)

LPAA Myths

- This is just a "Feel Good" Therapy
- This is one tool in the toolbox
- This is not about improving aphasia, just coping with it

Intro + Life Participation Approach to Aphasia (LPAA) Basics

Worldwide Health Organization-International Classification of Functioning, Disability and Health (WHO-ICF)

- To maximize functional improvements that are important to the individual
- To optimize participation in meaningful activities
- To facilitate a partnership that ensures the individual and family have a voice in the care received and outcomes achieved
- To demonstrate to the payers the value of skilled services

Impairment (naming opposites)

Activity (Naming grandkids)

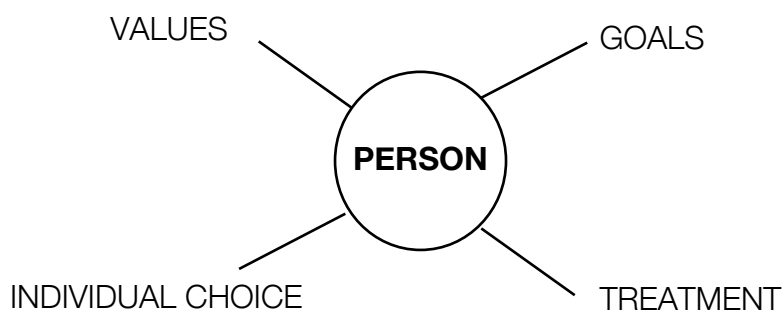
Participation (Using names correctly at a holiday party)

Life Participation Approach to Aphasia (LPAA)

- *Assessment includes relevant life participation needs
- *Treatment facilitates life goals
- *The PWA is at the center of decision-making
- *Calls for a broadening of how treatment of aphasia was previously approached

Person-Centered Care

(Brummel-smith, et al., 2016)



Person-Centered Care Research

1. Best Outcomes: Less likely to be readmitted; Better recovery
2. Best Patient Satisfaction: More trust and motivation, Better emotional health at follow-up
3. Best Value (lowest cost to the healthcare system-- PRODUCTIVITY!): More likely to adhere to treatment regimens, quicker rates of generalization, improved self-awareness, Fewer diagnostic tests and referrals

(Hinckley & Yones, 2014) (Childers & Rutherford, 2015)

Myth Busted

MYTH: This is just a “Feel Good” Therapy

FACT: The LPAA is a person-centered approach, which is supported by research to improve patient outcomes, patient satisfaction, and at the best value.

Opportunities to Improve

*SLPs ability to do person-centered care (as opposed to a workbook approach) did not improve with more experience (Dilollo, A., & Favreau, C., 2010)

*SLPs are not routinely following best practices for aphasia in the acute phases. (Hubbard, I. J., et al, 2012)

*Surveys have shown discrepancy between SLPs reporting addressing participation and what is documented in the medical chart. (Torrence et al., 2016)

A-FROM

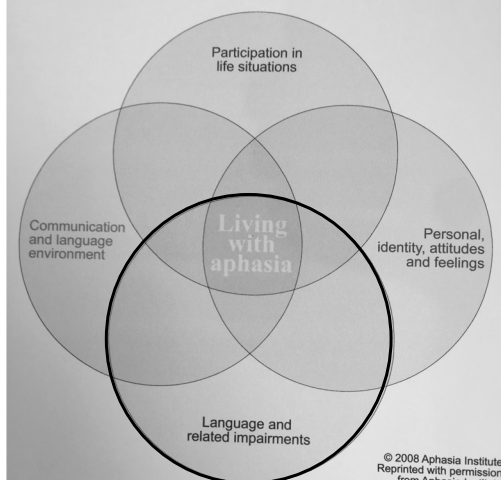
*Language / Impairments

*Environment

*Participation

*Personal Identity

Living with Aphasia: Framework for Outcome Measurement (A-FROM)



© 2008 Aphasia Institute
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Kagan, A., Simmons-Mackie, N., Rowland, A., Huijbregts, M., Shunway, E., McEwen, W., Threats, T., & Sharp, S. (2007). Counting what counts: A framework for capturing real-life outcomes of aphasia intervention. *Aphasiology*, 22(3), 258-280.

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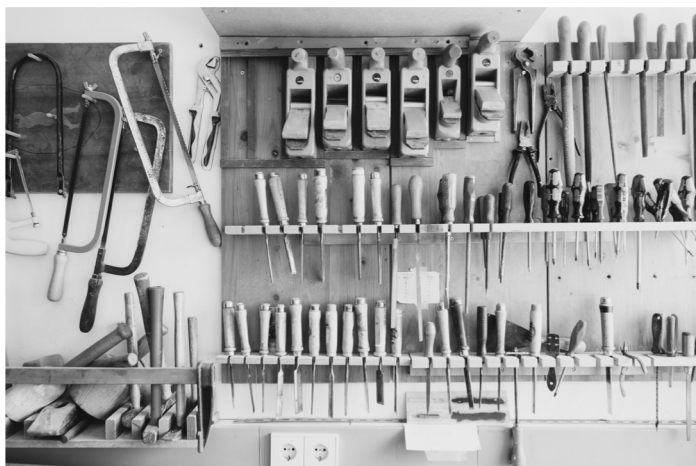
Myth Busted

MYTH: LPAA is not about improving aphasia, just coping with it.

TRUTH: Improving aphasia is part of the LPAA -- and gives your language therapy better focus.

continued[®]

Let's Take a Journey: Home Improvement Store



continued[®]

continued

Consider:

- Is Building Going To Go Well?
- Do We All Choose The Same Project?
- Do Our Projects Look The Same?

continued

Old Mindset

Speech Therapy:

- Alphabetizing sentences
- Naming opposites
- Scrabble
- Word matrixes
- Taboo
- Bananagrams
- Organizing sentences
- Letter scrambles
- Word analogies
- Following 3-step commands
- Rapid naming of animals
- Naming iPad pictures
- Worksheet word fill-ins
- Scrabble
- Crossword puzzles

Home Improvement:

- Lumber
- Screws
- Pipes
- Lightbulbs
- Caulk
- Plaster
- Wood glue
- Painter's tape
- Sandpaper
- Hinges
- Hammer
- Drain snake
- Drywall
- Insulation
- Shingles

continued

LPAA Mindset

Home Improvement

Paint the Kitchen:

- Paint gallon
- Painter's Tape
- Drop Cloth
- Paintbrush
- Paint Can Opener
- Rollers

Speech Therapy

Going to Nail Salon:

- Script Training for salon
- Language Aids for money transactions, nail polish colors
- Copy and Recall Therapy for signing in
- Conversation skills for scheduling the appt.

continued

Begin At The End

(Kagan & Simmons-Mackie, 2007)

- This approach will change your assessment
- This approach will change your goals
- This approach will change your treatment

continued

It's INTENTIONAL!

If you know the project, you will have:

- Better efficiency
- Better outcomes
- Better patient satisfaction

continued

A-FROM
Analogy



continued

continued[®]

A-FROM Analogy Continued

A-FROM:

*Aphasia

*Personal

*Participation

*Environment

Home Improvement:

The supplies that you need

Confidence with the store
experience, building

Ability to interact with employees,
check out, build the project

Ability to find, reach, check out with
supplies

continued[®]

Myth Busted

MYTH: LPAA is one tool in the toolbox.

TRUTH: LPAA influences your entire approach from
assessment to home program.

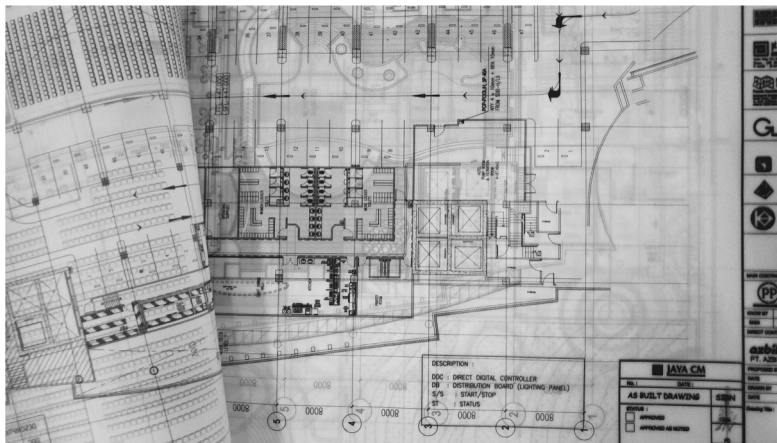
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continued

Viewing Assessment Through the LPAA Lens

continued

You Need To Know “The Project”



continued

continued

LPAA Mindset

Home Improvement

Speech Therapy

What project?

What do you want to do?

What supplies do we need?

What does that involve?

What's the first step?

What steps shall we start with?

continued

Best Practices In Aphasia

Standardized Assessment → Impairment-level results

AND

Nonstandardized assessment → Activity and Participation information, including environmental and personal factors

Collaborative Goal-Setting

Aphasia-Friendly Materials

continued

Tool: Life, Interests and Values (LIV) Cards

(Haley et al., 2010)

- Allow direct communication with your client, family member, or friend with aphasia (or other language difficulties) about valued life activities
- Facilitate goal-setting in therapeutic sessions, assessments, and everyday conversations

Tool: Person-Centered Outcomes

ASHA FACS	Frattali, C., Thompson, C., Holland, A., Wohl, C., Wenck, C., Slater, S., & Paul, D., (2017)
Stroke and Aphasia Quality of Life Scale	Hilari, K., Byng, S., Lamping, D. L., & Smith, S. C. (2003).
ASHA Quality of Communication Life Scale	Paul, D. R., Frattali, C. M., Holland, A. L., Thompson, C. K., Caperton, C. J., & Slater, S. C. (2005).
Communication Disability Profile	Swinburn, K., & Byng, S. (2006).
Aphasia Communication Outcome Measure (ACOM)	Hula, W. et al, 2015
Communication Confidence Rating Scale for Aphasia	Babbitt, E. M., Heinemann, A. W., Semik, P., & Cherney, L. R. (2011).
Communication Outcome After Stroke (COAST)	Long, A. F., Hesketh, A., Paszek, G., Booth, M., & Bowen, A. (2008).

continued

Examples of PCO Activities

- *Answering the telephone
- *Talking with friends
- *Talking with strangers
- *Understanding in a noisy location, like a restaurant

The patient will improve confidence in communication settings as measured by Communication Confidence Rating Scale for Aphasia (Baseline score 18).

continued

Tip: Needs-Based Assessment

***Setting-specific needs:** Can they choose a meal order? Use the TV channel guide? Ask the doctor a question?

***Simulate when possible:**

“If it was time to pick lunch, show me what you would order.”

“I have trouble naming my grandkids.” → Let’s practice right now. Tell me what grandkids you can name.

Tool: Aphasia-Friendly Materials

*Aphasia Institute

*aphasiafriendly.co

*stroke.org.uk “Making information accessible for people with aphasia”

Standardized Tests to Consider

*Communication Activities of Daily Living (CADL-2)

*ASHA Functional Activities of Communication (ASHA-FACS)

*Functional Assessment of Verbal Reasoning and Executive Strategies (FAVRES)

*Assessment of Living With Aphasia (ALA)

*Scales of Cognitive and Communicative Ability for Neurorehabilitation (SCCAN)

continued

Tool: CAPE Framework

C: Connecting People With Aphasia

A: Augmentative & Alternative Communication

P: Partner Training

E: Education & Resources

(Elman, 2018)

continued

Tip for Assessment

You don't have to know everything, you just have to know something.

continued

Tip: “In Order To”

Collaborative goals should point → to how an activity will be impacted.

*The patient will read modified recipes in order to retrieve 4 items / meal from pantry.

*The patient will name 5 body parts in order to indicate pain location to medical staff.

*The patient will text 3 single words in order to initiate social contact.

*The patient will use external language aid to complete 3 conversation exchanges at nail salon in order to independently complete order and payment.

continued

Using Therapy To Improve Personally-Relevant Impairments

LPAA Core Principles

- Treatment includes facilitating the achievement of life goals.
- In addition to work on improving and/or compensating for the language impairment, clinicians are prepared to work on anything where aphasia is a barrier to life participation (even if the activity is not directly related to communication).
- Intervention routinely targets environmental factors outside of the individual.
- In addition to working with the individual on language or compensatory functional communication techniques, clinicians might train communication partners or work on other ways of reducing barriers to make the environment more "aphasia-friendly."

You Need Specific “Supplies”



LPAA Mindset: Therapy

Home Improvement

Painting Supplies:

- Paint gallon
- Painter's Tape
- Drop Cloth
- Paintbrush
- Paint Can Opener
- Rollers

Speech Therapy

Going to Nail Salon:

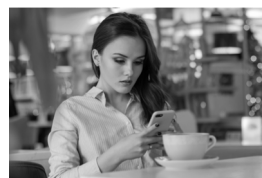
- Script Training for salon
- Language Aids for money transactions, nail polish colors
- Copy and Recall Therapy for signing in
- Written education for salon employees

Evidence-Based Language Interventions

LANGUAGE INTERVENTIONS	REFERENCE
Personally Relevant Stimuli for Words and Pictures	Cherney et al. (2015). McKelvey et al. (2010).
VNEST (Verb Network Strengthening Treatment)	Edmonds, L. (2014).
Script Training	Youmans, G. et al. (2005).
Semantic Feature Analysis	Maher & Raymer (2004).
Communication Supports (High tech and low tech AAC)	Garrett, K. & Beukelman, D., (2002).
Semantic & Phonemic Cues	Wambaugh, Doyle, Martinez, & Kalinyak-Fliszar (2002)
Communication Partner Training (SCA, PACE)	Kagan, Black, Duchan, & Simmons-Mackie (2001).
RET (Response Elaboration Training)	Wambaugh, J., Nessler, C., & Wright, S. (2013).
Copy and Recall Treatment (CART)	Beeson, P. & Egnor, H. (2006)

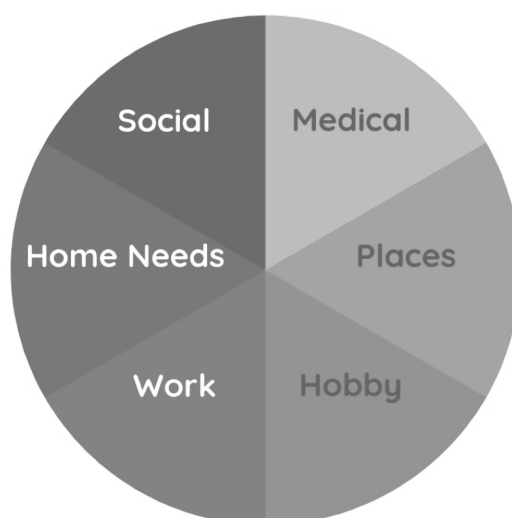
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Tool: Personally-Relevant Prompts



continued

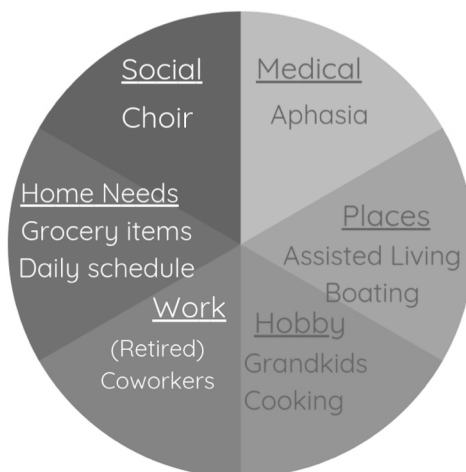
Tip: Language Launchpad



continued

Personally Relevant Categories Example

Choir
Aphasia
Grocery
Daily Schedule
Coworkers
Assisted Living
Boating
Grandkids
Cooking



Copy & Recall Treatment (CART)

WHO: CART has been used with adults with aphasia, with writing or spelling challenge.

GOALS: Improved writing / spelling, naming, texting of trained words

EVIDENCE:

- Spelling and naming for trained words should improve (generalization not consistently demonstrated)
- Improved written word retrieval
- Improved reports of quality of life if writing/texting is important to Person

CART Example

Home Needs: Daily Schedule

-Add “ST” and “PT” to weekly planner

Home Needs: Grocery Items

-Practice 5 grocery items she wants to be able to text to son.

Script Training for Aphasia / Apraxia

WHO: Script Training has been successful with both fluent and nonfluent aphasia, and acquired apraxia of speech.

GOALS: Improved accuracy, speed, confidence, or word production for a script that meets a specific functional need.

EVIDENCE:

- Better acquisition of scripts that are personalized, as opposed to generic scripts
- Improvement on topic content, grammatical productivity, and speaking rate for all scripts
- Increased communication across a variety of situations and listeners
- Improved patient rating of naturalness and confidence while speaking

Script Training Example

Social: Assisted Living

-Introduction to new neighbors in assisted living

Hobby: Grandkids

-Book to read to grandchild

Work: Coworkers

-Facetime Script for friends

Response Elaboration Training

WHO: RET is effective across different types of aphasia, mild to severe, and has been used with acquired apraxia with additional cues (watch me, listen to me, say it with me).

GOALS / EVIDENCE:

- Improve verbal production in conversation
- increase number of content words in conversation
- improve word retrieval in conversation
- support generalization of expanded utterances across contexts and conversational partners

RET Example

Step 1: With 1 picture/topic, obtain a verbal response.

"Dog....wet."



Step 6: After reinforcement, elicit delayed initiation of the combined response.

"Great job. Can you try to say it one more time?"

"Dog wet because jumped in lake."

RET Example Continued

Social: Choir

"What do you do at choir practice?"

Hobby: Boating

"How do you get to the lake from here?"

Hobby: Cooking

"Tell me about your favorite summer recipe."

Semantic Feature Analysis

WHO: Naming challenges due to CVA or TBI, fluent and nonfluent aphasia. Memory / Cognition should be taken into account for ability to use SFA.

GOALS / EVIDENCE:

- Improved speed of using cueing categories
- Improved accuracy of naming trained and untrained words
- Increased information retrieved about a target topic

Not Personally Relevant

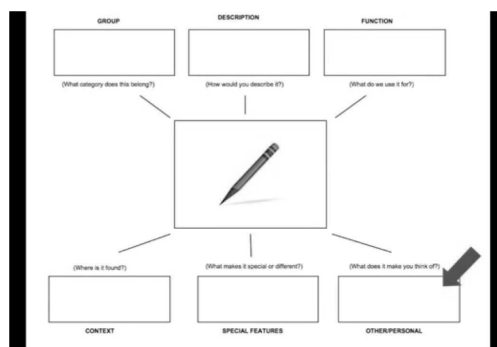
Function: write words

Location: paper

Characteristics: long, thin,
lead

Group: writing tool

Association: writing



Personally-Relevant

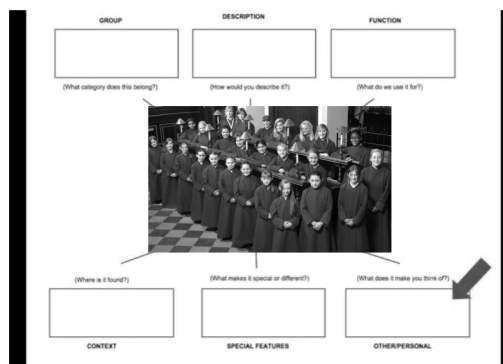
Function: sing, concentrate

Location: basement, church,
flexible

Characteristics: joy,
camaraderie, voices, bass,
alto, soprano, tenor

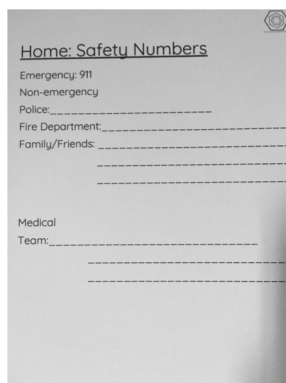
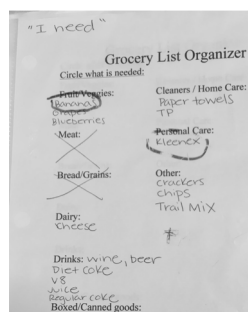
Group: outlet

Association: harmony, learn

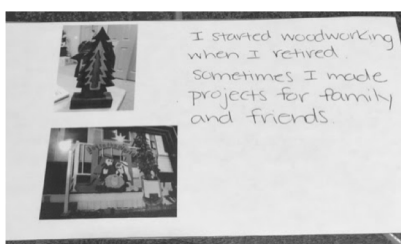
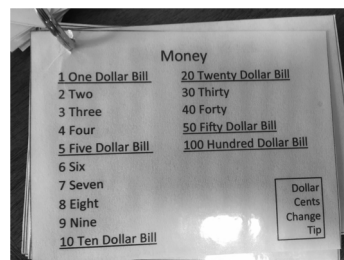
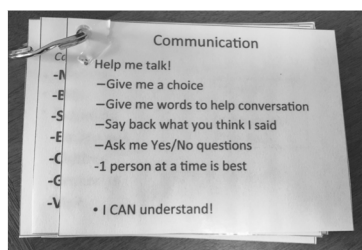


External Language Supports

Tip: When aphasia is still changing, keep AAC options simple.



Tool: PowerPoint App



Using Home Programs To Improve Personally-Relevant Impairments

What Do We Really Know for Language Practice?

*Home Practice for functional applications (Cherney, Patterson, Raymer, Frymark & Schooling, 2008)

*Use Functional Items to prime generalization (Doyle, Goldstein, Bourgeois, & Nakles, 1989)

*Discourse / Conversational Training helps bridge the gap to real life from the controlled therapy room (Milman, 2016)

*Better impact with personally-relevant vocabulary (Cherney et al. (2015). McKelvey et al. (2010).

Home Program Should Help Advance “The Project”



continued

LPAA Mindset: Home Program

Home Improvement

Painting Supplies:

-You've started with painter's tape. The home program is to finish this so edging can begin next session.

Speech Therapy

Going to Nail Salon:

You've developed and practiced the script for manicure choices. The home program is to continue practicing and also use at Nail Salon.

continued

3 Components to Consider

*Relevance - Take place in the contexts that matter

*Feedback - Track how things are going

*Practice, practice, practice

continued

Tip

The Environment they are in is a functional environment.

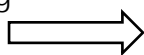
A Home Program can practice a small part of a larger skill.

continued

Verbal Expression -- Subacute Rehab Example

In Therapy:

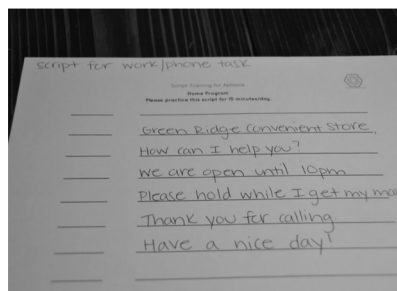
Develop Script Training
sentences for greeting
neighbors in assisted living



Home Program:

*Practice Script sentences
10 minutes / day

*Use in real setting (dining
hall, etc.) at least 4 times

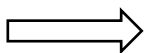


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Auditory Comprehension -- Outpatient Example

In Therapy:

Tried note-taking strategies to improve comprehension. Goal to write main subject / verb and names of people.



Home Program:

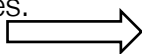
*Practice with TED Talk 3x during the week. Bring in samples.

*Use strategy in church service. Rate satisfaction.

Written Expression -- Assisted Living Example

In Therapy:

Created color-coded labels for assisted living activities. Pt then able to place in planner to manage daily schedule.



Home Program:

Add stickers to planner when next week's activity calendar arrives.

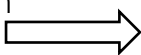


continued

Reading Comprehension -- Acute Care

In Therapy:

Practiced reading room signs with larger print in therapy.



Home Program:

The patient will use large-print whiteboard to call daughter's phone number and say Dr.'s name daily.

continued

Case Application Using Life Participation Approach to Aphasia

continued

Assessment

65-year-old woman with aphasia, 2 months post hemorrhagic right hemisphere stroke.

Non-standardized Needs Assessment	<ul style="list-style-type: none"> -Schedule participation -Communicating time -Ordering food at assisted living -Social connection via phone
Standardized Assessment	Western Aphasia Battery Aphasia Quotient 66/100, strengths in auditory and reading comprehension
Person-Centered Outcome	0 or 1 rating (lowest scores) for all; we picked top 2 priorities as Speaking for Self, and Others Understanding

Goal Samples

The patient and SLP will create personalized language aids in order to increase participation with valued life activities including communicating food needs, time of day, family / friend names.

The patient will communicate breakfast order in 3 min or less using personalized language aid.

The patient will participate in CART in order to send single word text message to 3 different people.

Examples of Treatment Activities

- Create personalized language aids including wallet-size PowerPoint cards organized by functional need (Family names, Time Card, Breakfast Choices, Lunch Choices, Favorite Places, Friends)
- Script Training + Language Aid to practice ordering meals
- CART for texting



Examples of Home Program

- Text 3 friends with practiced word → Show SLP at next session.
- Staff cross-off log for efficiency of ordering breakfast

	1	2	3	4	5	6+
Mon				(4)		
Tues			(2)			
Wed		(2)				
Thurs				(4)		

continued

Life Participation Approach to Aphasia

- This person-centered approach can improve outcomes, patient satisfaction, and efficiency, and is consistent with our best practices.

- LPAA can be used from Day 1 with aphasia, and impacts how we view assessment through home program

- Language improves with this approach - intentionally!

- LPAA sets the tone for a collaborative relationship as aphasia and life needs evolve

continued

May all your “home improvement projects” be unique and masterful!

Join the person-centered care movement with me!

Sarah@honeycombspeechtherapy.com

continued

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